TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funerabilities as should be detached for use as the burial-transit permit. Then please remove carbanappers. Pages I and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

medical

injury, or ather traumotic event, the

IMPORTANT: If them 21 is marked or Item 18 shaws any

death. Page 4 may be

ofter

the deoth certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

FOR STATE

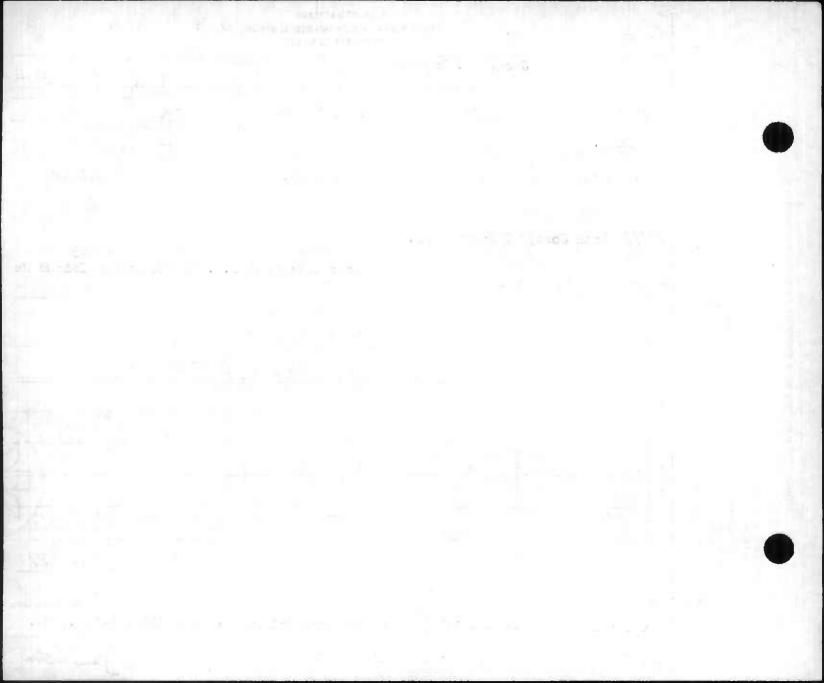
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	4	0	9	8
Ep. vi		6.0		

	REGISTRAR			CEKITIF	ICATE OF D	EATH	REG N	Ю.		
1. DE	CEASED NAME FIRST JOSEPH	Joseph T	Post Bagget	\$ a99	ett		2a DATE OF DEATH	9 2	7 81	3:50 Am
3. SE	Mple	White		S DATE C	2 ⁴	99	6 AGE JIN YEARS LAST BIR		IF UNDER 1 YEAR	HOURS MIN
L '	IRTHPLACE (STATE OR FOREIGN COUNTRY) MASS •	U.S.A	HAT COUNTRY?	WIDOWE	7	ORCED 🗌	//	ARP (OUNT	У. MD.
(Columbia.	Howar	DSPITAL, NURSING FACILITY, GIVE STREET A	NTY	Gene Gene	11	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O			nter
130	Maryland Hou		30. CITY OR TOWN	y	136 INSIDE CI	NO []	13e STREET ADDRESS	ællevi	ew Dr	me
11	ATHER'S NAME With FIRST late Jose				NA	IRST	MIDDLE		LAS OLION	ST
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	E MAR OR DATES	66 SOCIAL SECUR 018-01-6		Dana R		t P.O.Box			
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per li D BY TE CAUSE (a)	ne for (a), (b), and Cardiac		irrest	,			APPROX BETWEEN	KIMATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR	as a consequer		Ventri. Coron	cular ary i	tachyean	dia isease	2	
TION	PART 2. OTHER SIGNIFICANT (15.0
CERTIFICATION	190 DATE OF OPERATION		ION FOR WHICH (OPERATIO			YES NO	, IN CERTIFY	, WERE FINDI YING CAUSES	
EDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	P.M	. MONTH DA	Y YEAR			ED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PART 2)	
MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OI JAT HOME, STREE	F INJURY ET, FACTORY, OFFICE, FA	RM, ETC.)	211 LOCATIO STREET	N	CITY OR TO	wn	COUNTY	STATE
	220.1 certify that (1) (this hosp sow the deceased alive an above. (1) (we) (did) (did no	9/26	19_8			, 19 <u>8</u> aur) apinion d	death accurred an the d	late and hour	and from the	
	Dorothy T	Swara	u.D.		VI. D P	TTENDING HYSICIAN [MEDICAL STA		9/6	27/8/
	Dorothy	7. Snou	D M.O		22e ADDRESS		pene St. 7	Balt.	Md.	21201
L	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation				emetery or c iew Mem	orial 1	Pk Crtons			
	UNERALDIRECTOR ARRY H witzke 4	112 Colu	mbia Rd 1	Ellic	ottCi t y	SE DATE	P 28 1981	256 REGISTE	AR'S SIGNAT	Werthen

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.



•	4		<u> </u>
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120?	TO MOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after sectioned by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the fundation should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filter with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medical examine must be must returned.
	TO HOSPITAL retoined by the h	TO FUNERAL DIR should be detoche with the State Dep	IMPORTANT: If he

BP.

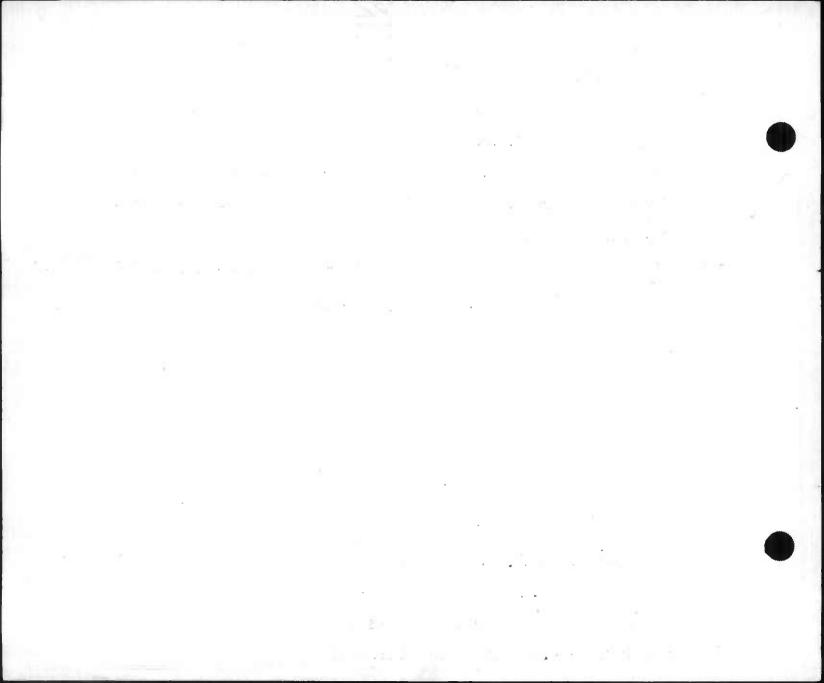
DHMH-16 20M (VRA 15, 4) 7/7B

rector, page 3

oge 4 moy be

1	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		2 4	10	9	9
		CEASED NAME	FIRST I	lorenc NŒ	e L.	Beaven	AST E & Y'Ew	REG. NO	0. Month day 9-21-8	YEAR B)	26. HOU	R 30 Ам
	3. SEX	FE Fema.	le	CITIZEN OF	iasia			AGE (IN YEARS LAST BIRTH	YRS		IF UNDER	24 HRS MIN
5	Ma	TY OR TOWN OF DEAT		U.S.A	OSPITAL, N	MARRIEI WIDOWE URSING HOME C	DE DIVORCED DE ROTHER INSTITUTION	HOW 126 USUAL OCCUPATION	ARD	(O .	F BUSINE	MD.
5	USU/	AL RESIDENCE IN NURSAN		HO W F	ARA	STREET ADDRESS) CO. GE BEFORE ADMISSION) TOWN	134. INSIDE CITY LIMITS	Retired Sec				
	14. FA	THER'S NAME			LAS		IS MOTHER'S MAIDEN NA 1 ate Ma	ME 3N	alde Ave	LAS	т	
2	16e W	VAS DECEASED EVER IN (S. NO OR UNKNOWN)	U.S. ARME (IF YES, GIVE W		166 SOCIAL	SECURITY NO	M's Evith Sc	hmincke 732		el Sc		
	NOI	Conditions, if ony, gove rise to imme couse 101, stoting underlying couse	S CAUSED I MMEDIATE (which ediote the lost	DUE TO, OF	RESPONSE AS A CONSTRIBUTION ON TRIBUTION	SEQUENCE OF SEQUENCE OF SEQUENCE OF	Morest. Markeros Monda - Com NOT RELATED TO THE TERM	knows pr.	ال مدمان	Mo	osu wth:	<i>.</i>
1	CERTIFICATION	190 DATE OF OPERATE	ON	196 CONDI	TION FOR W	HICH OPERATION	N WAS PERFORMED	YES NO	206. IF YES, WI IN CERTIFYING YES	RE FINDING CAUSES	IGS USEI OF DEAT	TH?
	MEDICAL CER	210 ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTHY MEDICAL 210 INJURY OCCURRE WHILE AT WORK AT WORK	USE OF DEATH EXAMINER)	P./	M. MONTH M. DF INJURY	H DAY YEAR 19 OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW		OR PART 2}	Sī	ATE
		22a 1 certify that (1) (t sow the deceased above, (1) (we) (dia 22b. SIGNATURE	d) (did not)	view the body	21	19 <u>8/</u> .or	DEGREE ATTENDING PHYSICIAN	, to Control on the do	ate and hour an	22c. DATE		oted
	12- 5	22d PHYSICIAN'S NAM	rt.	LEY	がとりな		9033 CITE	PROLET D	., El	1.0077	-C179	1,10
	(S	IURIAL, CREMATION, RI	EMOVAL	23b. DATE	l. + On	130 NAME OF C	EMETERY OR CREMATORY		Do 1 + 4 mo	NTY M	Frme	Dr. o

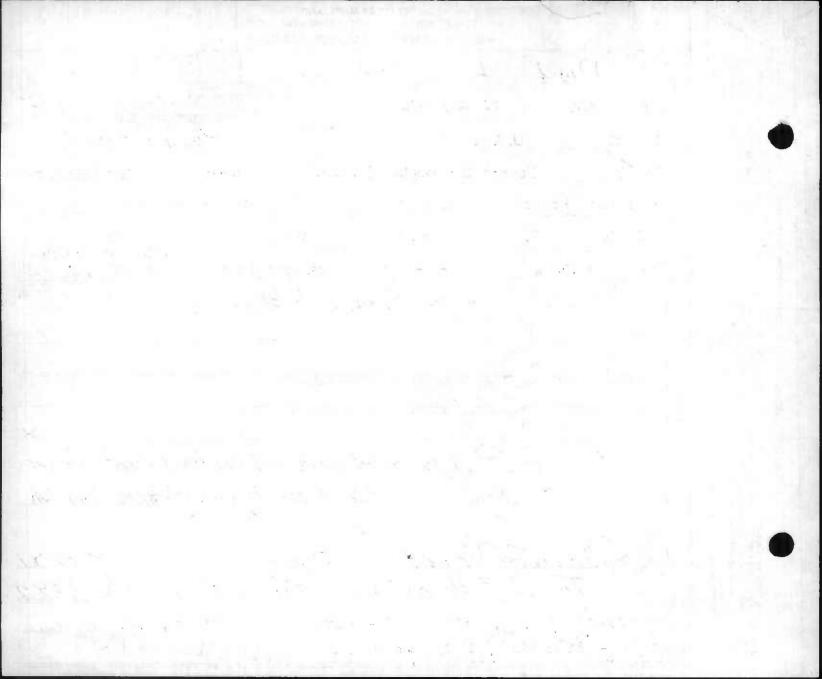
Burial Sept 24'81 Lorraine Park Baltimore, Maryland Harry H Wit SEP 22 1981 Cours Jan lather H Witzke 4112 Columbia Rd Ellicott City

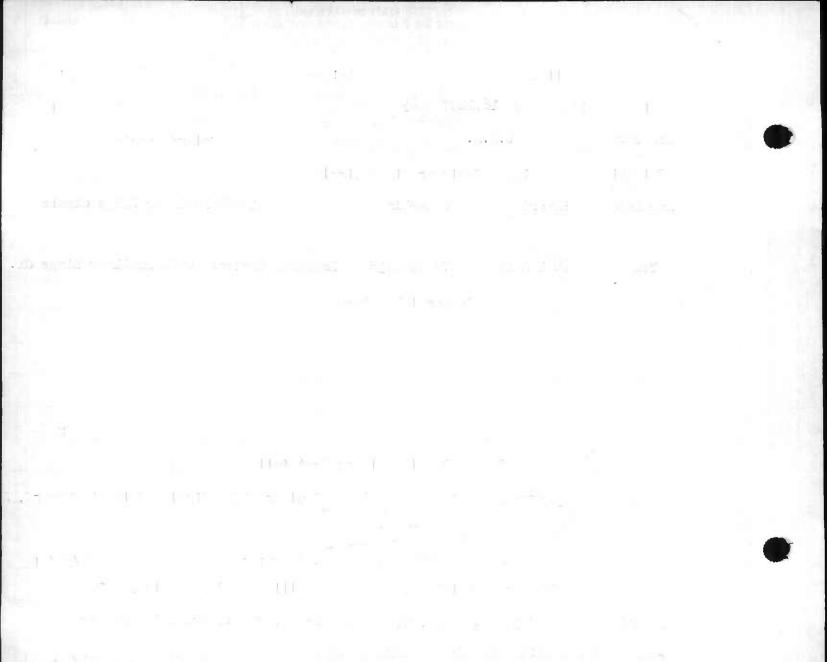


DHMH - 17 (VR A15 ME (5)) 30M 7/73

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

į	1-	STATE REGISTRAR		MEI	DICAL EX	AMINER'S	- 1 - 1	CATE O	-	H R	EG. NO.		
		E OR PRINT)	E Dau	d L	MIDDLE	BUK	ROW	5		DATE KNO OF EST DEATH MAT	WN B MONTH	23 198/	26. HOUR
	SEX N	a)e	1. RACE CALL	5. DATE OF BIRTH	YEAR 6	AGE (IN YEARS IF LAST BIRTHDAY) MI	UNDER 1 YR.	IF UNDER 2		DATE DNOUNCED DEAD	MONTH 61-23	DAY YEAR	2d. HOUR
2	FOI	RTHPLACE (S REIGN COUNTRY)		76. CITIZEN OF WE	IAT COUNTRY	MA	RRIED ANI	VER MARRIE	D 🔲	ALTIMORE	eand (Frend.	MD.
7	-	olumbia		11. NAME OF HOS (IF NOT IN SUCH FAIR Howard	CILITY, GIVE STREET	NG HOME, OR O				TOF WORKING L		126. KIND OF 81 OR INDUST ro Labor	USINESS TRY
6	USUA 13e. S		136. COUN	R OTHER INSTITUTION, GI	13c. CITY OR	ORE ADMISSION)	13d. INSIDE		13e STREET	ADDRESS	ad Court		ator ic
2		THER'S NAME FIRST Kirm	it	MIDDLE E.		rows		er's maiden Velva		WIDDLE		Kindred	
	16a. W	YAS DECEASE S, NO, OR UNKNO Yes	DEVER IN U.S. ARA OWN) (IF YES, GIVE V Kore	WAR OR DATES)	166. SOCIAL 494-36	- 6783	Mrs.	MANT S. Joyc	e Buri		Woodbr	emper D idge, VA	rive 22193
	NO	gave ri cause (a lying cau	ns, if any, which se ta immediate) stating the under- use last.	(b)	AS A CONSEC	QUENCE OF	EASE OR CONDITIO	ON GIVEN IN PART	T 1 (e).				
2	TIFICATION	19a. DATE OF	OPERATION	196. CONDIT	ION FOR WH	ICH OPERATION	WAS PERFO	RMED?				20. AUTOPSY	NO D
3	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK	DCCURRED NOT WHILE AT WORK	P.M. 21e. PLACE C	MONTH DA	AY YEAR 5	HOW INJURY IN COLOR LOCATION STREET Approx	OCCURRED IN INSPECTION	the Dr	ITY OR JOWN	CY have	A popo	Con STATE LAND
5		ACTUAL SIGNATURE.	ed from: Natur	al causes \Box ,	Accident L	Suicide'	, Hami		Undeterm	ined manner	DATE	9 2	3-81
	24. FU Cur	JRIAL, CREMA PECIFY) Cremati JNERAL DIREC	TION, REMOVAL 2.	ept 24 1	981	Lee Cres	y or cremat matory	ORY 250. DATE R	EC'D. BY RE	Shingto		NTY S	STATE STATE





executed within 24 hours NO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the bunal-transit permit. Then please remove corbanpaers. Pages I and 2 should be file with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

rector, page 3 urs after death

moy be

STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGIE	San	1	2	4	9 000	0	6
CERTIFICATE OF DEATH		REG. NO	o	ř.			

2 1	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENEO	
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	YPE OR PRINT) Prace	es 2.	Coeple	G	19 81 745 AM
3 5		RACE 1 - 1	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	tencales	belietes	MONTH OAY YEAR	62 YRS.	MONTHS DAYS HOURS MIN
18.	BURTHPLACE JATANEON HOUSING 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
19	Rentrecha	US-A.	WIDOWED DIVORCED	Howard	(ocenting MD.
2 10	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING SUCH FACTURY, GIVE STAFE	HOME OF OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	THE KIND OF BY SINESS OR
25 OS 136	SUAL RESIDENCE (IF NURSING HOME OR OF OF STATE 136, COUNTY)	THER PUBLICATION ON MEDICAL INFO	INSIDE CITY LIMITS?	130. STREET ADDRESS SUB.	It S.S. hage
	ateHarry Stivers	DOLE / LAST	late Clara	MIDDLE	LAST
2 160	(YES, NO OR UNKNOWN) (IF YES, GIVE W	ED FORCES? 16b SOCIAL SECTION OR DATES)		O5 Chevy Chase Le	ike Dr. 20815
	18 CAUSE OF DEATH (Enter only	one couse per line for (o), (b), or	ndic OM 10:0	CIA Daley	BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIATE		VAULAULE	SIA J3 LEVE	4 2 mas.
	1629	DUE TO, OR AS A CONSEQU	JENCE OF MC-40-		722
	Conditions, if any, which	(b)	1E/ASIASE	S TO SPINE	14 MO.
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF CARCINOMA	9, RT. LUNG	10 montes
NO		PULMONAR	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
CEPTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN-CERTIF	S, WERE FINDINGS USED SYING CAUSES OF DEATH?
-44	OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
	22a. (certify that (1) (this hospito saw the deceased alive on obove, (1) (we) (did) (did not)	(0 ht /x 19		deoth occurred on the date any hou	19———, that (I) (we) lost or and from the couses stated
	22h. SIGNINJURE	1 A. Bur	DEGREE ATTENDING PHYSICIAN	DIRECTOR STAFF	9/19/8/
	22d. PHYSICIAN'S NAME (TYPE OF	A CUM	1E 220 ADDRESS S999 HAVE	PERS 1407 00.	COLUMBIA MI
23	Bo. BURIAL, CREMATION, REMOVAL CREMATION		Name of Cemetery of Crematory Westview Mem. Park	Catonsville,	Balto. Md. STATE
24.	HArry H Witzke 41	12 Columbia Rd	Ellicott City S	FP 22 1981 Charles	

Less Claim HEAVIOL TOTAL SEC. John Cople STOS Chevy Class Laxe Dr. 40815 ACHOORD TI LOVE . TO KIND CARL IC RELYCING CHARLES The said of the Dunie HO is a second of the MENTERS OF CHARLES SAPPHAGES STOPED STEELING And the state of t

	lay be	*
	ge 4 m	96
	Po me	To hou
U	ter ded	of the
	ours af	e Fled
	n 24 he	filled hould b
	with:	pletely ind 2 st
	xecute	ges 1 o
	e pe e	ers. Po
	ertifical	g physican pap
	eoth c	Hendin ve carb ian, ar
	the o	y the o e remo
	ires tho	gned b n pleas burial,
	oper ~	nit. The
	The lo	e hos le sit pern giene p
	CIAN.	al-tran
	PHYS	this co
	VDING	After Use as t
	ATTE	ed for
	TO HOSPITAL CONTINUE PHYSICIAN. The law requires that the death certificate be executed within 24 hours after deaths Page 4 may be estained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page Should be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages 1 and 2 should be fined within 77 hours often than the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.
	HOSPII	FUNER old be
	0 00	5 d 3

BP.

DHMH-16 20M (VRA 15, 4) 7/78

FOR - STATE

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

200		REGISTRAR			4411111	4716 01		REG N)		
	1. DE	CEASED NAME FIRST	ī	MIDDLE	LA	ST		20 DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
	(FTPE	Anna	Ruth D	on				September	15.	1981	4:04 E
M	3 SE	(4 RACE		5. DATE O	FBIRTH		& AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	
낏		Female	Whi	te	Apri	1 3,	1901	80	YRS	MONTHS DAYS	HOURS MIN
54	To BI	RTHPLACE (STATE OR FOREIGH	76 CITIZEN OF	WHAT COUNTRY?	MAPRIET	☐ NEVER	MARRIED [BALTIMORE CITY O	R COUNT	Y OF DEATH	
Ø		Maryland	USA		WIDOWE		NORCED A	Heward (Count	У	MD
00	100	licett City		HOSPITAL, NURSIN UCH FACILITY, GIVE STREET Duff CO		R OTHER IN	NOITUTITE	120 USUAL OCCUPATION OF OF WORK FOR MOST OF Secreta:	F WORKING		OF BUSINESS OR
15	13a. S	AL RESIDENCE (# NURSING H TAJE Md.	OME OR OTHER INSTITUTIO COUNTY HOWAIN	H, GIVE RESIDENCE BEFORE 13. CITY OR TOWN Ellicott	ADMISSION)	134 INSIDE	CITY LIMITS?	13. STREET ADDRESS 9351 Duf	f Co	urt	
30	14. FA	THER'S NAME	Kain	LAST		15. MOTHER	FIRST Sarah	ANIDDLE		LA	AST
		VAS DECEASED EVER IN U	S. ARMED FORCES?			17 INFORM		ADDRE	SS		
	L '	Ne	, , , , , , , , , , , , , , , , , , , ,	219 16 9	9673	Doro	thy M. H	ahn Same).		
	CERTIFICATION	Conditions, if ony, whi gave rise to immedia cause iol, stating t underlying cause lo	DUE TO, C the be DUE TO, C ANT CONDITIONS C	OR AS A CONSEQUE SCHEMIC CONTRIBUTING TO D	INCE OF HEATH BUT	AZT NOT RELATE TRUC	HEART DISCA DIOTHETERM TIVE L		DITION G		INGS USED
L	RTIFIC							YES NO	,	YES 🗌	NO [
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d INJURY OCCURRED	OF DEATH HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F.	YEAR 19	216 HOW	ION	ED (ENTER NATURE OF INJUI		, PART 1 OR PART 2	STATE
	Σ	WHILE NOT WHILE [] [TAT HOME, 3	SIREET, FACTORY, OFFICE, F	ARM, ETC.)		0.4000000	CIT OK 10		Coom	STATE
		22a L certify that (1) (this saw the deceased all abave, (1) (we) (did) (c) 22b SIGNATURE	ve on AUG-	UST 28 19 9	51, on	d that in (m)) terri opinian d	to AUCUS			, that (I) (we) last e causes stated E SIGNED
		cco	ne le	me	M	N	ATTENDING PHYSICIAN	MEDICAL STA		9/1	7/8/
1		Dr. Oneje	/			Grea		timere Medi	cal	Center	/
	(:	SURIAL, CREMATION, REMI	236. DATE 9/18/	/		METERY OF		23d LOCATION CITY OF TOWN	рВ	COUNTY	STATE
8	24 FU	Burgee Fune	ral Home	3631°Fall	ls Rea	d 212	11 SE	REC'D. BY REGISTRAR	25h REGIS		Phillips

first of the second of the sec To Design the state of the s the state of the state of the

pode 3 and campletely filled in by the fundages I and 2 should be filed within TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and car should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

event, the

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or ather traumatic

deoth

deoth. Page 4 may be

within 24 hours ofter

certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The lo retained by the haspital or attending physician. FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	Ο.	
1. DECEASED NAME	FIRST	WIDDLE	l	AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	URSULA	MARIA	DH	RIER	September	6, 1981	11:30 PM
3. SEX	4 RACE	re .	JUNE	17, DAY 1911 YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DA YRS	AR IF UNDER 24 HRS
70 BIRTHPLACE (STATE OF		WHAT COUNTRY?	8.	D NEVER MARRIED	_	R COUNTY OF DEATH	MD.
COLUMBIA	5030 1	hree King	address)	e 21044	12a USUAL OCCUPATE (1YPE OF WORK FOR MOST OF HOUSEWI	F WORKING LIFE) INDUST	D OF BUSINESS OR RY
USUAL RESIDENCE (IF NUI 130. STATE FIORIDA	13b. COUNTY DINELLAS	13c. CITY OR TOW		13d. INSIDE CITY LIMITS? GYES NO	13e STREET ADDRESS 8931 BLIND	PASS RD.	APT. 155
14 FATHER'S NAME FIRST CARL	MIDDLE	HUELCOW		15 MOTHER'S MAIDEN NA/ FIRST			LAST
160 WAS DECEASED EVEN	R IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	21 3-46-		Mr. Hans Geo	rg Ehrler	5030 Three	e Kings La
Canditions, if any gove rise to im cause (a., statunderlying coust underlying coust) PART 2. OTHER SIG	which mediate ng the e last (c) NIFICANT CONDITIONS	TRUCTI	ENCE OF DEATH BUT	NOT RELATED TO THE TERM OLMONARY N WAS PERFORMED	INAL DISEASE OR CON DISEASE 200 AUTOPSY?	DITION GIVEN IN PART 206. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED
OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d. INJURY OCCUP WHILE ATWORK 22a. I certify that sow the decea	CAUSE OF DEATH ICAL EXAMINER) RED 21e. PLAC (AT HOME S white hospital) attended to dive an did (did nat) view the bod AME (IYPE OR PRINT)	y alter death	19 FARM, ETC) 31 A	22e ADDRESS	CITY OR TO	wn COUNTY JGUST 19 ST site and hour and from 1 22c, DA FIAN 7	STATE
23a BURIAL, CREMATION (SPECIFY) CREMAT	REMOVAL 236 DATE	23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	MORE MARYLA	AND STATE

Were Rivissell Witzke Funeral Home of Columbia 250. Date REC'D. By REGISTRAR' 256 REGISTRAR' 256

BP DHMH - 16 50M 1/81 (VRA 15, 4)

The same of the sa TO THE MENT OF THE PART OF THE The rest of the second of the . Al equil grant with a feet a rose army of the feet of the No. 28, 17 June 10. - Tax 420 - Tax

6 AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH DIVORCED DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 R'S MAIDEN NAME MON 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 8 CAUSE OF DEATH (Enter only one cause per line for ia), (by, and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE AS A CONSEQUENCE OF gove rise to immediate couse (a), stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? NON 210 ACCIDENT WAS UNDERLY 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAL LIF EITHER NOTIFY MEDICA P.M. 19 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM ETC ! STREET NOT WHILE WHILE DNIG 220.1 certify that (1) (this hospital) attended the deceased from

FUNERAL SERVICE

- STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

OSTRINSKY ADDRESS BAIDGEPORT W DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated EGREE 224 DAJE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS EMETER EMINGTON BENSON, MD.

REG. NO

YEAR

IF UNDER I YEAR

INDUSTRY

2h HOUR

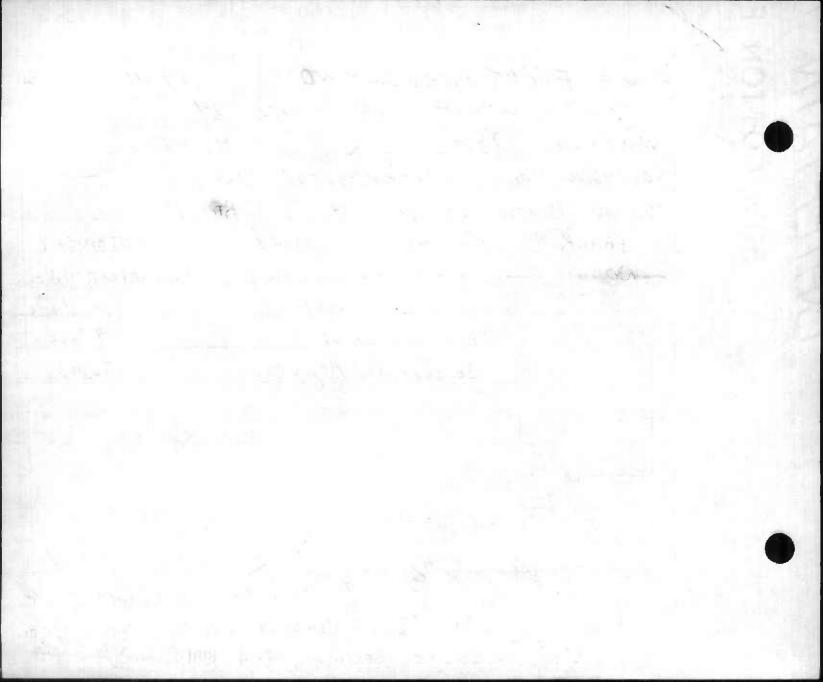
126 KIND OF BUSINESS OR

20. DATE OF DEATH

DHMH - 16 50M 1/81 (VRA 15, 4)

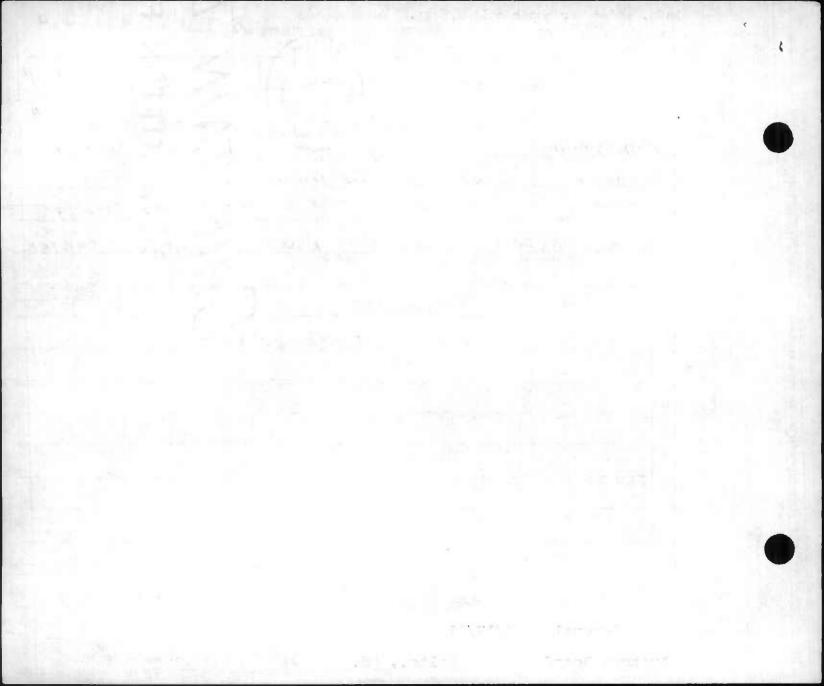
73a BURIAL

24 FUNERAL DIRECTOR E. BARNES



21201
RYLAND
MA
BALTIMORE
N ST.
PRESTO
W.
. 20
RECORDS
VITAL
OF
DIVISION

		FOR 9/28/81 rc STATE PRESISTRAR	WIDDLE	CERTIF	EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR .
ф ф		BAB	4		RMER	9	11 81 12:16
6 4 тоу	3. SE)		4 RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
oth Pos		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	NTRY? 8 MARRIEI WIDOWE	NEVER MARRIED M	9 BALTIMORE CITY OR COUNTY HOWARD	TY OF DEATH
ofter de	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, P (IF NOT IN SUCH FACILITY, GIV HOWARD	NURSING HOME C		12a USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
(ND 2120)	LISTIA	AL RESIDENCE IN NURSING HOME OR TATE 134 COUN	OTHER INSTITUTION GIVE RESIDENCE 131. CITY O	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1710 Cole St.	Balto. Md. 2122
4		THER'S NAME	MIDDLE IA	ARMER	15 MOTHER'S MAIDEN NA	WE	CARTER
, = 0=		VAS DECEASED EVER IN U.S., ARV	MED FORCES? 16b. SOCIA	L SECURITY NO.	17 INFORMANT	ADDRESS	CHRIER
he death certificate he attending physici emave carbanopper importor, or removal. ir traumotic event, th		18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE! IMMEDIAT Conditions, if ony, which gove rise to immediate cause io, stating the	D BY: E CAUSE (o) DUE TO, OR AS A CON	sequence of	o place	Ta	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 201 W. law requires that the same signed by the prior to burlal, then place resony injury, or other	CERTIFICATION	underlying cause last.	DUE TO, OR AS A CON (c) ONDITIONS CONTRIBUTION 196 CONDITION FOR N	IG TO DEATH BUT		VINAL DISEASE OR CONDITION C	SIVEN IN PART I TO VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
A A Property		? a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			21c. HOW INJURY OCCUR		YES NO
NG PHYSICIAN: offending physicians of the this certificate of the burial-trans the ond Mental Hysicians of the dorman Hysicians of the Hysicia	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	?1e PLACE OF INJURY (AT HOME STREET FACTORY	OFFICE, FARM ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN TTENDIN TOR: Aft far use a of Health		22a.1 certify that (1) (this hospit saw the deceased alive on above, (1) (ye) [did) (did not			d that in (my) (our) opinion	, todeath accurred on the date and h	_, 19, that (I) (we) lost our and from the causes stated
SPITAL OR A J by the hosy NERAL DIREC Bed edoched Stord Dept. TANT: # frem		226. SIGNATURE	ech.			MEDICAL STAFF	11 SELEN
- 9 11 9 15 4		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT		22e ADDRESS	4. (
TO HOSPITAL TO FUNERAL Stabulo be detu- with the Store MAPORTANT:		BARBARA	A212		HOWAICH	CO. SEN. HE	OSPITAL



death. Page 4 may be

ofter o

certificate be

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	A	5	0	1
60	4	1	V	

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNATUS HATKEN

1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	٧٥.		
	EASED NAME FIRST OR PRINT) J-LA		ar Shall	(Garde	20 DATE OF DEATH	MONTH	DAY YEAR 9 81	26 HOUR
3. SEX		A DACE	hite	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY]	IF UNDER 1 YEAR	-
co	THPLACE (STATE OR FOREIGN UNTRY)	76 CITIZEN OF	•A•	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY Howard Co	OR COUNT	Y OF DEATH	MD
	Columbia	(IF NOT IN SU	CH FACILITY, GIVE STREET	nog -	Mosp the	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Retired	OF WORKING LI		
13a S	maryland How	ROTHER INSTITUTION NTY	13c CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO 1		et bell	Dr.	3.0
I4 FA	ther's Mame late Charles (augh	LAST		Carrie	WIDDLE		LA	ST
		RMED FORCES? VE WAR OR DATES) V.W. 11	215 01	#371	17. INFORMANT Blanche C	augh.	Se-zas		
N	Canditions, if any, which gave rise to immediate cause iol, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)		NCE OF	NOT RELATED TO THE TERA	MIN AL DISEASE OR COI	NDITION GI	VEN IN PART 1	(a)
CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSES ES []	INGS USED S OF DEATH?
CAL	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJ	URY IN ITEM 18,	PART 1 OR PART 2)	
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	NW(COUNTY	STATE
	22a.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did n 22b. SIGNATURE	n	9/18/19	8 (, a	9/19 19 80 nd that in (my) (aur) opinian DEGREE ATTENDING	MEDICAL ST	AFF		that (I) (we) last e causes stated
	22d. PHYSICIAN'S NAME (TYPE) Norman	or PRINT) oldste	ıń.	/	To the second	one Rulge Bultimere		10e . 2/2e	14/8/
	URIAL, CREMATION, REMOVA	Sept.			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Howar	d Mary	zland ^{ATE}

24 FUNERAL DIRECTOR
Harry H Witzke 4112 Columbia Rd Ellicott City

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and campletely filled in by should be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be tilm with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

medical

injury, or other troumatic event, the

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

Salarina recognition of the salarina salarina salarina salarina salarina salarina salarina salarina salarina s

ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician.

1	EOR STATE REGISTRA
DEC	EASEDNIA

STATE OF MARYLAND

2	4	- II	U	-
66148				

1	بر	STATE REGISTRAR			DEI ARTI		ICATE OF DEATH	TENE	REG. NO.		20
2		CEASED NAME ORPRINT)	eline		MIDDLE		ırhart	20. DATE OF I	DEATH MONTH	DAY YEAR	26 HOU
1	3 SE	Cemale	4	RACE white		Feb.	DF BIRTH 15,1904 YEAR		RS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER
4		RTHPLACE (STATE OR FO	OREIGN 7	U.S.	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED		rd Coun	NTY OF DEATH	
	Cla	TY OR TOWN OF DEA		(IF NOT IN SUC 5409	Trotter	AOORESS)	DR OTHER INSTITUTION	120 USUAL O (TYPE OF WORK)	OR MOST OF WORKIN	126. KIND (INDUSTRY aut	
and so F.	130 S Ma:	AL RESIDENCE (IF NURS TATE ryland	13b COUNT Howar	ſΥ	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Clarksvi	/N	13d. INSIDE CITY LIMITS? YES NO 🛣		DDRESS Trotter	Road	
exomine 7		THER'S NAME FIRST William		IDDLE	Johnson		15. MOTHER'S MAIDEN NAI FIRST Martha		WIDDIE	Dorse	
e medico		VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES?	216 01 (Ella Grimes		rotter l	Md. 21029	CIMATE INTER
r, or other troum		Canditions, if any gove rise to im- cause (a), statir underlying couse	mediate ng the e last.	DUE TO, O	r as a consequ	ence of	f colon with metastas	es			onth
ny injur)	ATION	pyelone	phrit	is			IN WAS PERFORMED	20a. AUTOF	PSY? 20b. IF	YES, WERE FIND	NGS USEE
8 shows	CERTIFICATION	6/13/8 210. ACCIDENT WAS UN	DERLYING	216. TIME C	OF INJURY		bstruction 216. HOW INJURY OCCUR		NON	RTIFYING CAUSE: YES	NO [
rked or Item I	MEDICAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 214 INJURY OCCUR WHILE NOT W AT WORK	RED	P. 21e PLACE	.M. MONTH D. .M. OF INJURY REET, FACTORY, OFFICE, I	19	211 LOCATION STREET	(8)	CITY OR TOWN	COUNTY	ST
m 21 is ma		220.1 certify that (1) sow the deceos above, (1) (we) (s						, to death occurred	an the date and	hour and from the	
0		226 SIGNATURE	-	1	1 1 1		DEGREE ATTENDING	MEDICAL	CYAFF	22c. DATE	SIGNED
± ±		22d. PHYSICIAN'S N.			las, A. D.		PHYSICIAN [DIRECTOR	STAFF PHYSICIAN		210

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

(SPECIFY) 9/24/81 burial 24 FUNERAL DIRECTOR

SLACK Funeral Home, Ellicott City, Maryland 21043

Linthicum Chapel Cem. Clarksville, Howard, Maryland

256. Date RECD. By REGISTRAR SSIGNATION

258. Date RECD. By REGISTRAR SSIGNATION

259. Date RECD. By REGISTRAR SSIGNATION

250. Date RECD. By REGIST

12 - 12	STREET, TOO	natiehi
	(notice utana)
vinco bino		Date of the last of
oden i seren	ino i resitor	Lekarille 1400 m
back reader that	x affreige	C learn Stalland
Esof this est		mg2.51.00
		C=
60 (100 (100 (100 (100 (100 (100 (100 (1		
Market State (1995)	And with the second	
	12 S	I white areas
		Maries S AMPER
of and treatment , but i	Convicte Call	anyer ill die same
energy, bear,	The Control of the Control	I \ O P I I total
	t case, program as we	inclication, Line

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL CHAITENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral thin-Clar, page 3 should be detached for use as the burial-stansist permit. Then please remove corbonpopers. Pages 1 and 2 should be filled. It thin 25 four after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examined must be notified at other

STATE OF MARYLAND 2 4 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

	1.	FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 REG. N	2.	4	U	7
	1. DEC	CEASED NAME FIRST OR PRINTIFE JOS	ephine	Josepi		AST	9	MONTH DAY	8/	2b. HOUR	V81M
	3. SEX	F	4 RACE	White	S DATE O		6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	HOURS	MIN.
	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	.A.	MARRIEI	Y	Howard (_)F DEATH		MD.
	10 CI	TY OR TOWN OF DEATH		CH FACILITY, GIVE S	TREET ADDRESS)	prother institution	(TYPE OF WORK FOR MOST OR REtired		12b. KIND O INDUSTRY	FBUSINES	S OR
1	USUA 116 S Ma	TATE TO TO	or other institution UNITY Ward	13c CITY OR T		13d INSIDE CITY LIMITS? YES NO	ise street address 6821 Red	perry F	Road		
)			MIDDLE KNOWN	LAST		15 MOTHER'S MAIDEN NA/	Unk!	nown	LAS	1	
		VAS DECEASED EVER IN U.S., res, no or unknown) (IF yes, c	ARMED FORCES?	386 05		Eugene Horand	off 6821 Rec				
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, C	DR AS A CONSE	ycolocae	ferwin So	enofu/aceu	m	3 4 20	MATE INTERVO	S.
1	CERTIFICATION	PART 2 OTHER SIGNIFICAN				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, V	WERE FINDING CAUSES	IGS USED	1?
	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT	DEATH HOUR A		19	21c HOW INJURY OCCURR 211 LOCATION STREET	RED (ENTER NATURE OF INJUI		T I OR PART 2)	STA	ATE
	4	WHILE NOT WHILE AT WORK AT WORK 220 I certify that (I) (this had so we the deceased alive above, (I) (we) (did) (did) 22b. SIGNATURE WHILE NOT WHILE AT WORK AT WOR AT WORK	pital) attended to	he deceased fro	om	d that in (my) (dur) apinion of DEGREE ATTENDING PHYSICIAN [death occurred on the di	F _/			
		224 PHYSICIAN'S NAME (TYPE	Golds	Lein		120 ADDRESS Born	ne Ridge	OR. et. 1	uQ 2	(209	۶
	23a B	SURIAL, CREMATION, REMOVE SPECIFY) Burial	Sept	1	Memory	EMETERY OR CREMATORY Gardens	23d LOCATION CITY OF TOWN Lakewort		ounty rida	Stat	řE.

DHMH-16 20M (VRA 15, 4) 7/78

BP.

24 FUNERAL DIRECTOR
HArry H Wi H Witzke 4112 Columbia Rd Ellicott City

CFP 22 1981 Cancer Signatural Author



12	1-	FOR STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIEN P	2 4		0
		EASED NAME FIR	ST	MIDDLE	į.	AST .	20 DATE OF DEATH	MONTH DA	r YEAR	26 HOUR
moy be oge 3 death			MAN	M	Ho	use Sr		9 8	81	114 PM
ge 4 mc	in SEX	MAle	4. RACE Whit	e	5 DATE C	9,1897 YEAR	AGE (IN YEARS LAST BE	RTHDAY) IF	UNDER I YEAR	HOURS MIN.
deoth. Po	BI	RTHPLACE (STATE OF FOREIG	76 CITIZEN OF	WHAT COUNTRY	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		FDEATH	MD
ofter the f	Cal	TY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STRE	ET ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST manager			BUSINESS OR
filled in gold be in g	13a. S	AL RESIDENCE (IF NURSING HITATE 136	OME OR OTHER INSTITUTION COUNTY OWARD	13c. CITY OR TO	WN	13d INSIDE CITY LIMITS?	371.4 Vali	ey Road		
MARYLA mapletely ond 2 sh		THER'S NAME FIRST Henry	MIDDLE HOL	ise LAST	SP 1	IS MOTHER'S MAIDEN NA		Macabee	LAST	
A composition of comp	léa V	AS DECEASED EVER IN U	S. ARMED FORCES?	166. SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDR	ESS		
be execution on ond control on ond c	ý	es no or unknown) (IF	ES GIVE WAR OR DATES)	21.2 09	4633	Laverna Hou	se same as	above		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours or oftending physicion. When this certificate has been signed by the oftending physicion and completely filled in by as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be file than and Mental Hygiene prior to burial, cremation, or removal. Orked or frem 18 sitement injury, or other traumotic event, the medicolexalment and stables.		18 CAUSE OF DEATH (Er PART I. DEATH WAS CO IMM Conditions, if ony, whi gove rise to immedia couse to instaling in underlying couse to	AUSED BY EDIATE CAUSE (o) DUE TO, C the DUE TO, C	OR AS A CONSEO	UENCE OF	cuert	1.7		BETWEEN OF	ATE INTERVAL NSET AND DEATH
AL RECORDS, 201 The law requires thation. e has been signed be at permit. Then pleasing permit, are burial, and the control of the purity, are	CERTIFICATION	PART 2 OTHER SIGNIFIC	19b. COND		00	NOT RELITED TO THE TERM AWDMIA WAS PERFORMED	NAL DISEASE OR COM 200 AUTOPSY? YES NO	20b. IF YES, V		GS USED OF DEATH? NO
VISION OF VITAL © PHYSICIAN The r this certificate h the bural-transit f and Mental Hygies ked or frem 18 six	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX 21d. INJURY OCCURRED	OF DEATH HOUR A		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART ?)	
DING PHY or attendi After this se as the bu	ME	WHILE NOT WHILE E		REET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
TTENDI TTENDI TTOR: A for use of Heal		220-I certify that () (this sow the eleceosed all above (I) wer (did) (c			, on	d that in (my) (our) opinion	death occurred annihe d	ote and hour o	nd from the co	
ITAL by 1th ERAL State		226. SIGNATURE 220. PHYBICIAN'S NAME	Use S	lor	M	DEGREE ATTENDING PHYSICIAN 222 ADDRESS	MEDICAL STA		22c. DATE-S	IGNED
TO HOSPIT retained by TO FUNER should be a with the Sta		7.1	E, SE	ALS 1	up	11065 E	the pot	wood	COL	NS
BP	23a B	URIAL, CREMATION, REMO Burial		11,1981		METERY OR CREMATORY ill Cemetery	23d. LOCATION Laurel	Marul	TOUNTY	STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FU	NERAL DIRECTOR	Funeral			25 - QAT	T 5 1981	REGIS RA	१९ डाल / गा	16-

the busin fatigeof for me to be the

on if you the control of the control

outless Land, Laurel, Laurel, 1529 lon

requires that the death certificate be executed within 24 hours after

ATTENDING PHYSICIAN The low

TO HOSPITAL

etained by the haspital or attending physician

1	1
10	26
	/

FOR 1 - STATE DE

STATE OF MARYLAND	C)	- 1
PARTMENT OF HEALTH AND MENTAL HYGIENE	Ö	- 1
CERTIFICATE OF DEATH		

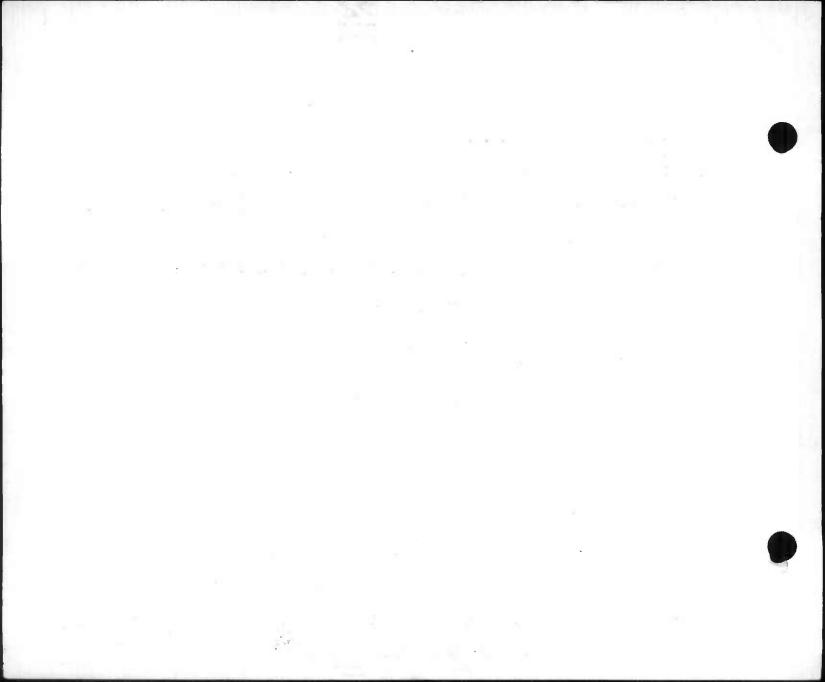
2	4	1	

	- 1		REGISTRAR				CERT	IFICATE OF DEATH		REG. N	10		
	ı		EASED NAME	FIRST	A	MIDDLE		LAST		20 DATE OF DEATH		DAY YEAR	2b. HOUR
eorh 3	-	(TYPE	MAX) 1	Jac	<i>(</i> <	J.	*	juba			9 1	0 81	6:30 K
8 1	٠ſ	3 SE)	6.6		RACE	5		OF BIRTH	6	AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
TIL.	M		Male		Wh	ite	MO	14 1895		86	YRS	MONTHS GAYS	HOURS MIN
5 K 1871	ΔI	70 BH	RTHPLACE (STATE OR F	OREIGN]	& CITIZEN OF		VTRY? 8	IED A NEVER MARRIED	n '	BALTIMORE CITY	OR COUNT	Y OF DEATH	
2 A	7	Vew	York		U.S.	Α.		WED DIVORCED		Howar	d		MD.
by the thiled with	3/	C	landia,	Md.			STREET ADDRESS	corother institution	7. 3	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST) Retired			OF BUSINESS OR
should be	5	130. S	TATE TATE TYLAND	HOWAI	other institution,	GIVE RESIDENCE		134 INSIDE CITY LIMIT		3k STREET ADDRESS 5003 Green	Moun	tain Ci:	rcle
ond completely filled in oges 1 and 2 should be tedicol examiner must be	0		THER'S NAME ate Lione		IODLE	LAS	5T	late Bet		E MIDDLE		£AS	л
d co		lée. V	AS DECEASED EVER		MED FORCES?		SECURITY NO			ADDR			
Poges .			Yes	WW 1	•	550	07 9042	Mrs Nancy	Kub	a 5003 Gre	en Mo		
physician noopers. Pmovol.			18 CAUSE OF DEAT	H (Enter onl	y one couse per	line for (a), (bi, and icia					SETWEEN S	MATE INTERVAL ONSET AND DEATH
even	- 1		PART I. DEATH V		CAUSE (D)	Caro	liac.	Failute					
ottending physician and a ove carbon papers. Pages stron, ar removal. raumatic event, the medica			4409		DUE TO, O	RAS A.CON	SEQUENCE OF	e .					
offe			Conditions, if any		(b)	Mid	ney	railure					
I by the sose rem ol, crema			cause (a), station underlying cause	ng the	DUE TO, OI	1	SEQUENCE OF	l'erosis					
hen plea a burial jury, or		_	PART 2 OTHER SIG	NIFICANT C	ONDITIONS CO	DNTRIBUTING	G TO DEATH B	IT NOT RELATED TO THE	TERMIN	ALDISEASE OR COM	DITION GIV	VEN IN PART 10	a 1
CF TE		Š			H	x per	Tens	ohi					
hos bee t permit.	7	CERTIFICATION	19a DATE OF OPERA	TIÓN	196 CONDI	TION FOR W	VHICH OPERAT	ION WAS FERFORMED		YES NO	IN CERTI	S, WERE FINDIN FYING CAUSES ES []	
certificate irral-transi ental Hygi tem 18 sh			21a ACCIDENT WAS UN		216. TIME O		H DAY YEA	21c HOW INJURY OC	CURRE	D (ENTER NATURE OF INJU	DRY IN ITEM 18,	PART 1 OR PART 2)	
burial-t Mental	71	CAL	(IF EITHER, NOTIFY MEDIC		P.,	M.	1						
this of M	4	WEDICAL	216. INJURY OCCUR		21e PLACE ((AT HOME, STR		OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
os that that orke	- 1		AT WORK	ORK.			0/		0,		//	P/	
Heol is m	- 1		220.1 certify that (1		ol) attended the	. 3 /2 1	,	1/0/ 19_	8 1		710		that (1) (we) last
CTO d for of n 21	- 1		saw the deceps above, (I) (we)	did live on	7/	ofter death.	_19	and that in (my) (aur) api	inion de	eath occurred on the c	late and ha		
AL DIRECTOR. detoched for us one Dept. of He MI: If them 21 is			276 SIGNATURE	1.00	11. 1	mu IX	mo	DEGREE ATTENDIN PHYSICIA		MEDICAL STA		22c. DATE	10/E/
Should be detaction with the Store DIMPORTANT: IF	1		Piche	AME TYPE OR	V, SM;	th,	M.D.	22e ADDRESS SC	299	a Harp	ers f	arn k	7
		230. B	URIAL, CREMATION	REMOVAL	Sept 1	2,1981		cemetery or cremato	ORY	23d. LOCATION CITY OR TOWN	Balt	imore,	Maryland

DHMH-16 20M {VRA 15, 4} 7/78

24 FUNERAL DIRECTOR
Harry H Witzke 4112

Columbian Rd Ellicott City SEP 14 198 TRANSPORTED SECTION OF THE PROPERTY OF T



FOR - STATE REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

REG. NO.					
Sept 1, 1981	DAY	YEAR	2b. HOU	JR M	
& AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	R 1 YEAR	# UNDER 74 HRS		
68 YRS	MONTHS	DAYS	HOURS	AIN	
9 BALTIMORE CITY OR COUNT		ATH			

	PECEASED NAME FIRST	CHARD W.	MEYER	L/	AST	Sept 1,	MONTH L981	DAY YEAR	26. HO	UR M
3.5	Male	4 RACE Whit	e	5 DATE C	12, °1′912 'EAR	6 AGE (IN YEARS LAST OIL	THDAY	MONTHS DAY		R 74 HRS
	BIRTHPLACE (STATE OR FOREIGN COUNTY)	U.S.A	what Country?	MARRIED WIDOWE	NEVER MARRIED	BALTIMORE CITY OF HOWARD	OR COUNT			MD.
E	CITY OR TOWN OF DEATH 11 icott City	3010,22	outhview.	Road	R OTHER INSTITUTION	120 USUAL OCCUPAT			of BUSIN	
13d	UAL RESIDENCE IN HURSING HOME O STATE Maryland Howa:	N OTHER INSTITUTION, NITY I'CL	GIVE RESIDENCE BEFORE 13. CITY OR TOWN ELLICOTT	V 1	134. INSIDE CITY LIMITS? YES NO	3010 Sout	nview	Dr. 2	1043	
	father's Name ate Richard H M	syer	LAS1		late Mary Eu		5		AST	
160	WAS DECEASED EVER IN U.S. AT 1YES, NO OR UNKNOWN! THE YES, GIV NO	RMED FORCES? /E WAR OR DATES)	218 03 0		Mrs Elizabet	h H Meyer		Southvi	ew Dr	
	PART I. DEATH WAS CAUSI AMMEDIA Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	ED BY TE CAUSE (a) DUE TO, OI	Ine for 101, 101, and ACULL 7 R AS A CONSEQUE PLOCUL 96 R AS A CONSEQUE	ny cor neror	rcardin S light ASC	In Larcte	in	BETWEE	ONSET AN	DEATH
CERTIFICATION		196 CONDI	TION FOR WHICH	OPERATION	NOT RELATED TO THE TERM N WAS PERFORMED 212 HOW INJURY OCCURE	200 AUTOPSY?	206. IF YE IN CERTI	S, WERE FINE IFYING CAUS ES []	DINGS USE ES OF DEA NO	TH?
MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE	Μ.	Y YEAR 19 ARM, ETC	211. LOCATION STREET	CITY OR TO	wn	COUNTY		STATE

211. LOCATION STREET 214 INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram

saw the deceased alive an and that in (my) (aur) apinian death occurred on the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady ofter death. 226. SIGNATURE DEGREE

MEDICAL STAFF ATTENDING PHYSICIAN 22e ADDRESS

RECTOR 🗌	PHYSICIAN 2	

230 BURIAL, CRÉMATION, REMOVAL 236. DATE

5, 1981 Sept

731 NAME OF CEMETERY OR CREMATORY Crestlawn

234 LOCATION CITY OF TOWN

Howard, Maryland

22c. DATE SIGNED

24. FUNERAL DIRECTOR **DHMH-16 25M**

should be detached for use as the burial-transit permit. Then please rem with the State Dept. of Health and Mental Hygiene prior to burial, crer

TO FUNERAL DIRECTOR:

(VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18

Harry H Witzke 4112 Columbia RD Ellicott City

250 DATE REC'D. BY REGISTRAR 259. REGIST AN SSIGNAL DECLE

Topic V. March 1 1

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR = STATE REGISTRAR			EALTH AND MENTAL HYGI ICATE OF DEATH	END REG. NO	2 4	1 1 3
3 SE	m	OH.	KA	DANSIER DAY YEAR 3 1 2 0	20 DATE OF DEATH 6 AGE (IN YEARS LAST BIRT 9 BALTIMORE CITY O	YRS.	UNDER I YEAR IF UNDER 24 HPS
	Indiana	U.S.A. WI	ARRIE!	D DIVORCED	Columb	pia.	County MD
C	plumbia /		NER	AL HOSPITAL	TYPE OF WORK FOR MOST OF		12b. KIND OF BUSINESS OR INDUSTRY
USU 13a.	AL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY Butle	CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ckoe	y Hill La
14. F	ATHER'S NAME Gilbert Onio	nansiek LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		# 5241
	WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES, GIVE WA YES WW 11		-	17. INFORMANT M's Agnes Ohlu	ADDRE nansiek 807		ory Hill Lane
	18 CAUSE OF DEATH lEnter only of PART I. DEATH WAS CAUSED B	ne couse per line far (o), (b), and (c Y AUSE (a)	New	Man.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE	OF	Le elmi			
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE	E OF				
NO	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERMII	nal disease or coni	DITION GIVEN	IN PART 1(a)
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS USED NG CAUSES OF DEATH? NO
A A	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	216 HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)
DIC	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION			

MEDI NOT WHILE 220.1 certify that [(this hospital) attended the deceased from

226. SIGNATURE

saw the deceased alive on abave, (1) (we) (did) (did not) yew the body after death

1981

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DEGREE

STREET

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

CITY OR TOWN

and that in (kny) (aur) apinion death occurred an the date and hour and from the causes stated

22c DATE SIGNED

STATE

STATE

BP

(VR A 15 (4))

hid be tiled

popers. Poges puo

injury, or other troumotic event, th

physician

signed by the offending

should be detached for use as the buriol-transit permit. Then please remove corl with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

IMPORTANT: If Hem 21 is marked or them 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been

offending physicio

etained by the haspital

ATTENDING PHYSICIAN:

OR

HOSPITAL

24 FUNERAL DIRECTOR DHMH - 16 50M 1/76

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial Sept 15,

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

WITZKE 4112 Columbia Rd Ellicott City

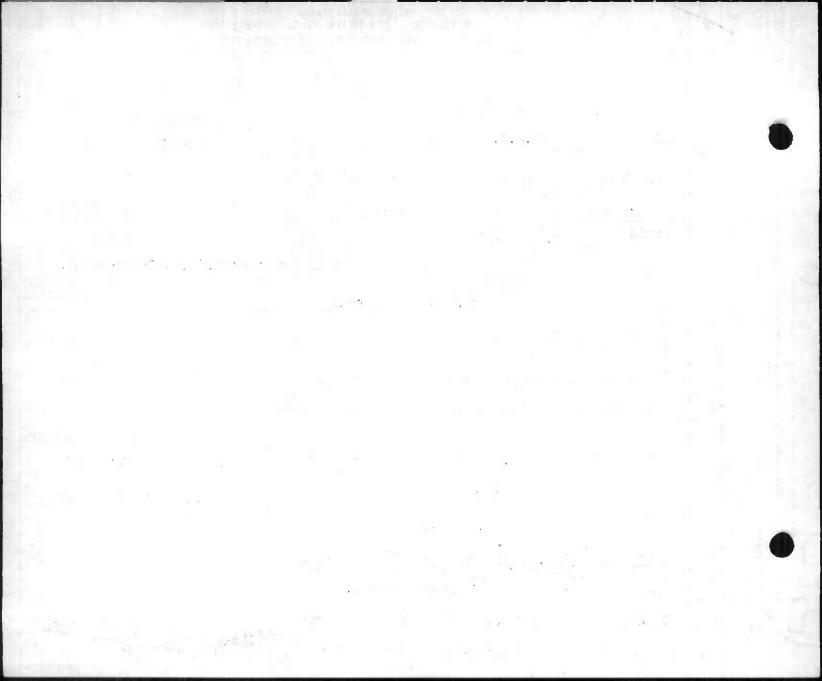
23d LOCATION CITY OF TOWN TOWN THE CONTROL OF THE C Arlington Cemetery

BY REGISTRAR PREGISTONS SIGNARDA

COUNTY

Tenins U.S.A.

1		FOR		TATE OF MARYLAND OF HEALTH AND MENTAL H	TYGIENE 1 2	24114
- 1		STATE REGISTRAR	MEDICAL EXAM	INER'S CERTIFICATE C	OF DEATH REG. NO	0.
S.S. S.		CEASED NAME FIRST DANIE	D,	REA	20. DATE KNOWN OF ESTI- DEATH MATED	9 15 1981 6 PM
SSARY, PLEASE RAL DIRECTOR. POUR FLES HILL STEEM	I. SEX	YAle CAU	5. DATE OF BIRTH MONTH 0AY YEAR 4 2/ 65 /6	THOAY) MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	9 15 1981 6 PM
SAN	O.	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARR	ED HOWARD	COUNTY MD.
ELAY IS TO THE PAGE FILE S, 301	ID. CI	DOUMBIA	11. NAME OF HOSPITAL, NURSING HO UF NOT IN SUCH FACILITY, GIVE STREET ADDRESS HOWARD OWN TO		120 USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) STUDENT	PE OF WORK 12h KIND OF BUSINESS OR INDUSTRY
ANY DEL	USU A 13a. S	TATE 136. COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AOM Y 13c. CITY OR TOWN OWARD	Wind Place		
DEATH. IF SES 1, 2, M PM 3. AND 2 SF	14. FA	Hodge				
AFTER IVE PACH IN FOR GES 1	16a. V (Y	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE V		Doord d Poo	Sweetwind Pl.	
24 HOURS ITEM 18. G LONG WIT PERMIT. PA GIENE, DIV		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATI	one cause per line far (a), (b), and (c).) BY:	plation		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PENCIL IN AMINER A L-TRANSIT ENTAL HY REMOVAL		Conditions, if any, which gave rise to immediate cause (a) stating the <u>under-lying</u> couse last.	(b)			
BE EXECUTED VIDING" IN PENIEDICAL EXAMIEDICAL EXAMISS A BURIAL-TR AND MENIATION, OR RE	MEDICAL CERTIFICATION		(c)	TERMINAL DISEASE DR CONDITION GIVEN IN PA	IRT 1 (a);	
THIEF WED A USED A CREA		19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OF	PERATION WAS PERFORMED?		20. AUTOPSY? YES □ NO 🐼
FICATE WO THE WO THE OULD B RIMENI	CAL CERT	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	16	EAR Hanned Sola	ED LENTER NATURE OF INJURY IN ITEM 18 WITH THE SHE	
E, WRITING E, WRITING RWARDED T PAGE 3 SH STATE DEPA STATE DEPA S1201 PRIOR	MEDI	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, EACTORY, FARM, ETC.)	211. LOCATION STREET 57/5 Sweet Wing	1 Place, Colymbia	ud Strond G. STATE
NEW FOR THE TARK			of the remains described obave, held or	n Autopsy , Inspectio	Undetermined monner ,	nd in my opinion
- u O - T >		ACTUAL SIGNATURE	in Derba	M.D. Demin	MEDICAL EXAMINER	DATE SIGNED 9-15-81
TO MEDICA EXECUTE TH PAGE 4 SHO TO FUNERA AFTER DEATI	00 00	EXAMINER'S NAME Tho	man F. Herb	DENT MADDRESS		
BP	(5	URIAL, CREMATION, REMOVAL 23 BUTIAL STATEMENT	Sept 18, 1981 St	Johns Luthern	238. LOCATION CITY OF TOWN REC'D, BY REGISTRAN APPREC	Howard, Mary and
DHMH - 17 (VR A15 ME (5)) 30M 7/73	Ha		2 Columbia Rd Ell		P 17 1981 Chan	THO D



mpletely filled in by the limited ond 2 should be filed with many

corbon popers. Poges 1 offending physicion

After this certificate has been sign

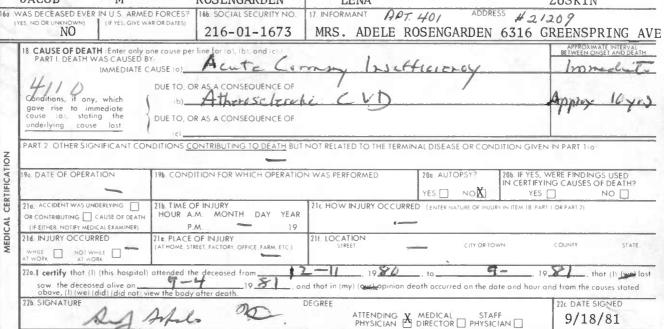
for use as the buriol-transit permit.

and Mental Hygiene

or Item 18

or other troumotic

1 - YATE REGISTRAR	DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 1 2	4 1 1 5
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 2b HOUR
SAMUEL		ROSENGARDEN	SEPTEMBER 17,19	981 2:27PM _M
2. SEX	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
MALE	WHITE	JAN. 9,1909	72 _{YRS} **	ONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
GEORGIA	USA	WIDOWED DIVORCED	HOWARD COUNTY	MD
10 CITY OR TOWN OF DEATH COLUMBIA	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / HOWARD COUNTY		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE SALESMAN	126 KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE MARY LAND		N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 6316 GREENSPRING	G AVE. APT. 401
14. FATHER'S NAME FIRST JACOB M	ROSENGARI	DEN LENA	AE MIDDLE	ZUSKIN
160 WAS DECEASED EVER IN U.S. AR		RITY NO. 17 INFORMANT APT	401 ADDRESS #2.	1209
IYES, NO OR UNKNOWN) NO	216-01-1			GREENSPRING AVI
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	Corray last NOE OF Verschi CVD	tierray	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH INDICATE Approx LOYAL



BP. HMH - 16 50M 1/81 (VRA 15, 4)

etoined by the hospitol or

TO FUNERAL DIRECTOR:

should be detoched for with the Stote Dept. of

MPORTANT.

230 BURIAL, CREMATION, REMOVAL BURIAL 9-18-81

SIDNEY

231 NAME OF CEMETERY OR CREMATORY HEBREW FRIENDSHIP

22e ADDRESS

QLTO

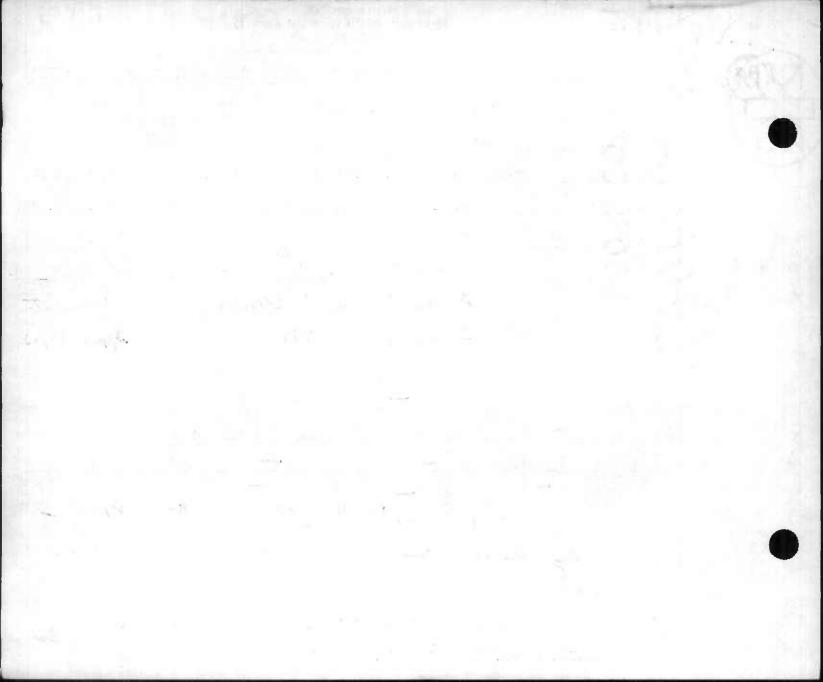
23d LOCATION
CITY OR TOWN
BALTIMORE, MO

STATE

24 FUNERAL DIRECTOR JNERAL DIRECTOR SOL LEVINSON & BROS. SSS 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)

SCHERLIS

SEP 2 1 1981



		- /									REG. 14	0.			
	may be page 3 ter death	7		CEASED NAME ORPRINT)	FIRST W:	TTTTSM	MIDDLE H.	5	Shaeffe	r	DATE OF DEATH	9 9	14248 B	4448	
	ge 4 may ector, pa		3. SEX	male	Mal	A A	White	5. DATE C	5 DAY 17 Y	EAR DZ AC	GE (IN YEARS LAST)	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
	Jeath. Pa	35	CC	RTHPLACE (STATE OR FO		us	WHAT COUNTRY? USA	MARRIEI WIDOWE	DIVORC	ED 🗆	HOT WAS	rd C	Joun)	County	
201	and the second	31	C	Columbia	ma	- DOLU	MY 9 COC	MATY	General	Genera	USUAL OCCUPAT OF WORK FOR MOSTIC	or Retir	12b. KIND OF PONDUSTRY Insur	F BUSINESS OR	
AND 21	in 24 fill by fill should	25	13a S Ma	aryland	Balt:	TY	13c CITY OR TOW Catonsu	N	13d INSIDECITY LIV YES NO	X 16	STREET ADDRESS 505 Ridge	Road			
MARYL	ond 2 s	3C	14. FA	Tilden	N	S.	Shaeffer		15. MOTHER'S MAIL		August		LAST		
IMORE,	be execution and control on and control or	2		AS DECEASED EVER es, no or unknown)		AED FORCES? WAR OR DATES)	217-26		17. INFORMANT		tt City, ki, 12185		Albert		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	es that the death certificate ned by the attending physici please remove carbon paper urial, cremation, or removal. y, or other troumatic event, th				Conditions, if any, gove rise to imm cause (a), statin underlying couse	which nediote g the lost	DUE TO, O DUE TO, O DUE TO, O (c)	I I I I I I I I I I I I I I I I I I I	AILCE OF WOM	A Pro	STATE	NOMA	PND		MATE INTERVAL INSET AND DEATH
VITAL RECORDS,	1YSICIAN: The law require: ding physician. is certificate has been signe burial-transit permit. Then p Mental Hygiene prior to buy at frem 18 shows any injury,	9	CERTIFICATION	190 DATE OF OPERA	DERLYING	21b. TIME O			N WAS PERFORMED	Y	BS NO	IN CERTIF	S, WERE FINDIN YING CAUSES S ART 1 OR PART 2)		
DIVISION OF	DING PHYSICIAN: or attending physical After this certifical e os the burial-tran oith and Mental Hy marked ar Item 18:	9	MEDICAL	OR CONTRIBUTING CHEETHER, NOTIFY MEDIC 21d. INJURY OCCURE WHILE CHOT WILL AT WORK CHEET NOT WILL AT WORK	RED	P. 21e PLACE	M	19	21f. LOCATION STREET		CITY OR TO	wn	COUNTY	STATE	
•	OR ATTENION DIRECTOR: Iched for us Dept. of He Item 21 is			22a. I certify that (I) sow the decease above, (I) (we) (c 22b. SIGNATURE	ed olive on did) (did not) view the body	2 19 5			DING . ME		FF			
	TO HOSPITAL retoined by th TO FUNERAL should be deto with the State		220.0	122d. PHYSICIAN'S NA	MAC		n, m.1)_	220 ADDRESS	Little	PATULER	T PL	wy 1	Columas	

23b. DATE

1630 Edmondson Ave Catonsville. Md. 21228

Witzke, P.A.

9/26/81

ADDRESS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

23c. NAME OF CEMETERY OR CREMATORY

Kriders Cemetery

REG. NO

STATE

Md

Westminister Carroll

BY REGISTRAN 256 REGISTRANS SIGNATURE

23d. LOCATION

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

FOR

- STATE

REGISTRAR

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

24. FUNERAL DIRECTOR

and the second of the second o

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

		REGISTRAR CEASED NAME	FIRST	MA.	HODLE		FICATE OF DEATH	REG. N	O. MONTH DAY	YEAR	2b. HOUR	D
1		OR 800	LEN	N	D	SA	YFETS	Te. DATE OF DEATH	9 9	81	/ 100	ri.
M)	3 SE			RACE		S. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRT		UNDER I YEA	-	24 t
		Male		White	WHAT COUNTRY?		y 29, 1906	75 BALTIMORE CITY C	YRS.	EDEATH		
57		Illingis		U.S.A.	VHAI COUNIKT?	MARRIE	ED DIVORCED	Howard (_	PUEATR		
*DC	10 CI	Ellicott	City	NAME OF H	OSPITAL, NURSIN FACILITY, GIVE STREET	ADDRESS)	Upton Rd	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF REtired Ca	F WORKING LIFE)	INDUSTR	OF BUSINES	55
ninerumu	136 3	AL RESIDENCE (# NUR STATE "Yland	SING HOME OF OTH		GIVE RESIDENCE BEFORE LIC CITY OR TOW ELLICOTT	City	134. INSIDE CITY LIMITS?	130. STREET ADDRESS 9071 St	Johns L	ane	21043	
Mca xan		ate FIRST Long	nie "S	heets	LAST		15. MOTHER'S MAIDEN NA FIRST Late Ros		Dar	nell	AST	
event, the medi	160 V	VAS DECEASED EVER YES, NO ORUNKNOWN)	(IF YES, GIVE WA		212 16 (17 INFORMANT Mrs Betty M	Sheets (Wife	ESS		Johns	
ther traumatic		Conditions, if any gove rise to im	mediote	(b)	AS A CONSEQUE	1				31	years)
any injury, or other	ICATION	gove rise to im cause (a), statu underlying cause	mediote ng the e last NIFICANT CON	DUE TO, OR (c) NDITIONS CO	AS A CONSEQUE	ENCE OF	T NOT RELATED TO THE TERM	NINAL DISEASE OR CON	206. IF YES, \	WERE FIND		
18 shows any injury, or other	ERTIFICATION	gove rise to imcause (a), statiunderlying cause PART 2 OTHER SIG	mediate ng the e last NIFICANT CON	DUE TO, OR (c) NDITIONS CO	AS A CONSEQUE	ENCE OF	DN WAS PERFORMED	200 AUTOPSY?	206. IF YES, VIN CERTIFYII	WERE FINE NG CAUSI	INGS USED	H?
Item 18 shows any injury, or other	CAL CERTIFICATION	gove rise to im cause (a), statiunderlying cause	mediate ng the e last NIFICANT CON ATHON DERLYING CAUSE OF DEATH	DUE TO, OR (c) NDITIONS CO 196 CONDIT	AS A CONSEQUE TION FOR WHICH TINJURY M. MONTH DA	DEATH BUT	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, VIN CERTIFYII	WERE FINE NG CAUSI	INGS USED	H?
marked or Item 18 shows any injury, or other	MEDICAL CERTIFICATION	gove rise to im cause (a), statiunderlying cause PART 2 OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING [(FEITHER, NOTIFY MEDK 216 INJURY OCCUR	mediate ng the e lost NIFICANT CON ATION DERLYING CAUSE OF DEATH CALEXAMINER) RIPED WHILE	DUE TO, OR (c) NDITIONS CO 196 CONDIT 216 TIME OF HOUR A.A. 216 PLACE C	AS A CONSEQUE TION FOR WHICH FINJURY A. MONTH DA	DEATH BUT OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, \IN CERTIFYII YES RY IN ITEM 18, PARI	WERE FINE NG CAUSI	DINGS USED ES OF DEATH NO	H?
T: If Item 21 is marked or Item 18 shows any injury, or other		gove rise to im cause (a), stating underlying cause (b). Stating underlying cause (b) and the cause (c) and the cause (c) and ca	INTERCANT CONTINUES OF DEATH CAUSE OF DEATH CALEXAMINER) RED (Ithis hospital) (Ithis hospital) (Ithis hospital) (Ithis hospital) (Ithis hospital) (Ithis hospital)	DUE TO, OR (c) NDITIONS CO 196 CONDIT 216. TIME OF HOUR A.A. P.A. 210. PLACE C (AT HOME, STRE	AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA A. DETINJURY SET, FACTORY, OFFICE, F	OPERATION OPERATION AY YEAR 19 FARM.ETC.)	21¢ HOW INJURY OCCUR 21¢ LOCATION STREET 9-81, 19 Ind that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CONTROL NO CONTROL OF INJUITED CONTROL OF TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR	206 IF YES, VIN CERTIFYII YES RY IN ITEM 18, PARI WN 19 ate and hour a	COUNTY	DINGS USED ES OF DEATH NO STA	ATE
is marked or Item 18 shows any injury, or other		gove rise to im cause and investigation of the cause of t	INTERCANT CONTINUES OF DEATH CAUSE OF DEATH CALEXAMINER) RED (Ithis hospital) (Ithis hospital) (Ithis hospital) (Ithis hospital) (Ithis hospital) (Ithis hospital)	DUE TO, OR (c) NDITIONS CO 196 CONDIT 216. TIME OF HOUR A.A. P.A. 210. PLACE C (AT HOME, STRE	AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA A. DETINJURY SET, FACTORY, OFFICE, F	OPERATION OPERATION AY YEAR 19 FARM.ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET 19 Ind that in (my) (our) apinion DEGREE ATTENDING	200 AUTOPSY? YES NO CITY OR TOV CITY OR TOV death occurred an the d	206 IF YES, VIN CERTIFYII YES RY IN ITEM 18, PARI WN 19 ate and hour a	COUNTY	STA., that (I) (where courses store	ATE

The first of the f

		A		
1	1	1	ノ	
-	4	0		
	V	A.		
			-	

mpletely filled in by the funeral director, page 3 and 2 should be filed with m72 hours offer death

ve corbonpopers. Poges ottending physicion

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove corban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

CTATE OF MADVI AND

2

	JIAIE OF	MAKIL	AND	6
EPARTMENT	OF HEAL	TH AND	MENTAL	HYGIENE
CE	RTIFICA	TE OF	DEATH	

	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	4 1 1 0
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
4	(TYPE OR PRINT) Thoma:	s R.	TAYLOR, St.	September 14	, 1981 6:00 A
ď	* ISEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ij	Male	White	Oct. 22, 1909	71 YRS	MONTHS DAYS HOURS MIN.
)	Maryland	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT Howard Cou	
1	10. CITY OR TOWN OF DEATH Woodbine	11. NAME OF HOSPITAL, NURSI 7109 Woodbine	NG HOME OR OTHER INSTITUTION ROad	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Engineer	12b. KIND OF BUSINESS OR
)	USUAL RESIDENCE (IF NURSING HOMEO) 130. STATE 131. SOUTH		WN 13d. INSIDE CITY LIMITS?	7234 Bowers Roa	ment
1	14. FATHER'S NAME FIRST Frank	D. Taylor	15. MOTHER'S MAIDEN N. JESSE	AME T_{ullet}^{MIDDLE}	Thompson
-	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) 1927	MED FORCES? 166 SOCIAL SEC 1930 579-34-7		Taylor, Frederic	vers Road
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT (19) DATE OF OPERATION			200 AUTOPSY? 20b. IF YI	IVEN IN PART 1(0) ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
5	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	1216 HOW IN JURY OCCU	YES NO NO NO NOTE OF INJURY IN ITEM 18	(ES NO NO
1	00 000 170 100 100 100 100 100 100 100 1	HOUR A.M. MONTH	DAY YEAR	(ENTER MATORE OF INJURY IN TIEM TO	PARTI ORPARIZI
	GRECONTRIBUTING CAUSE OF DE.	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	21f. LOCATION	CITY OR TOWN	COUNTY STATE
	sow the deceosed olive on	ot) view the body ofter death.		deoth occurred on the date and ha	our and from the couses stated
	22b. SIGNATURE	martin	DEGREE ATTENDING PHYSICIAN	APPOICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 9-17-81
	22d. PHYSICIAN'S NAME (Type of Dr. Rex Mar	tin, M.D.	220 N. Mark	et St., Frederic	ck, Md. 21701

23c. NAME OF CEMETERY OR CREMATORY

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Kulens () Sant Smith; Fadeley, Keeney, Basford 106 East Church St., Frederick, Runeral Home Md. 21701

23b. DATE

Sept

23a. BURIAL, CREMATION, REMOVAL
(SPECEY)
Burial

23d LOCATION
Frederick, Frederick, Md. 17, 1981 Mt. Olivet Cemetery

Tani Signa Patra SEP 2 1 1981

ores w. Strue, r. Saste Der 14, 1-1130: NAV. 14 0000 (5 .10 6 F TARRED COUNTY, .A.B.U Vendyan Nodeline 1. U resultation by a tile of 9017 sales work 74.10 bas are of MIST X databar databar bupiyan Prints U. Taylor desc 1927-1930 ST/-34-7472 Men. Mann J. Stylor, Stedenstell, G. 51201 The same at the series of the series of the same incluit call, this is always protest recorded, the incluing the nath, rate, comes, aford units had bed in the last n and campletely filled in by the funeral di Pages I and 2 shauld be filed within 72 ha

injury, or ather troumatic event, the

should be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene priar to burial, cremation After this certificate has bee e as the burial-transit permit.

IMPORTANT: If Item 21 is marked or Item 18 sha

MEDICAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF D	DEATH		REG. NO.			
1. DECEASED NAME (TYPE OR PRINT)		GUST		ELE		2a. DATE OF		H DAY	YEAR -8/	26. HOUR
3. SEX	4 RACE	3031	5. DATE C	OF BIRTH		6 AGE (INYE	ARS LAST BIRTHDAY	IF L	INDER I YEAR	IF UNDER 24 HRS
MALE	WHI	re	02		09		72	YRS.	THS DAYS	HOURS MIN
70 BIRTHPLACE (STATE OR FOR COUNTRY) MARYLAND	REIGN 76 CITIZEN OF U.S	what country?	MARRIE WIDOWE	D MEVER /	MARRIED		RECITY OR CO		DEATH	MD
COLUMBIA	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET ARD COUNT	ADDRESS)			(TYPE OF WORK	OCCUPATION FOR MOST OF WOR ANIC	RKING LIFE)	INDUSTRY	R & CO.
JUSUAL RESIDENCE (IF NURSI 130. STATE MARYLAND	NG HOME OR OTHER INSTITUTION 13b COUNTY HOWARD	GIVE RESIDENCE BEFORE 134. CITY OR TOW HANOVER	N	13d INSIDE C	ITY LIMITS?	13e. STREET /	ADDRESS FOREST	AVENU	E, 21	.076
14 FATHER'S NAME FIRST JULIUS	\mathbf{A}_{ullet}	THIELE			S MAIDEN NA FIRST SOPHIE	ME	MIDDLE		NORAT	
160. WAS DECEASED EVER (YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECU 217-01-9		DOROTI	NT HY M. T	THIELE	7310 F		VER,	
PART I. DEATH WA	I Enter only one couse per AS CAUSED BY. IMMEDIATE CAUSE (a)	CAR DI	PUL	MONA	24	ARR	EST		BETWEEN	IMATE INTERVAL ONSET AND DEATH
4100 Canditions, if any,	DUE TO, O	RAS A CONSEQUE		Myoci	4RDIA	L 11	V FARC]	100	40	hours
gave rise to imm couse (a), stating underlying couse		r as a conseque	NCE OF							
PART 2. OTHER SIGN 190. DATE OF OPERAT	FICANT CONDITIONS CO		Tery		TO THE TERM	AINAL DISEASI				
190. DATE OF OPERAT	ION 196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a. AUTO			ERE FINDING CAUSES	OF DEATH?

216. TIME OF INJURY ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH

YEAR 19 21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION STREET

21c. HOW INJURY OCCURRED

CITY OR TOWN

COUNTY 6 that (I) (we) last

STATE

saw the deceased alive an 9/20/ above, (I) (we) (did) (did not) view the bady after death 22b. SIGNATURE

NOT WHILE

22a.1 certify that (1) (this haspital) attended the deceased fram

(IF EITHER, NOTIFY MEDICAL EXAMINER)

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED STAFF

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

JULKA

22e ADDRESS 107-

and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated

m

BP.

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

DHMH - 16 50M 1/76 (VR A 15 (4))

FUNERAL DIRECTOR: retained by the haspital

0

23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL

09-23-81

INC.

23t. NAME OF CEMETERY OR CREMATORY MEADOWRIDGE MEM. 25a. DATE REC'D.

23d. LOCATION **ELKRIDGE**

HOWARD

REGIST

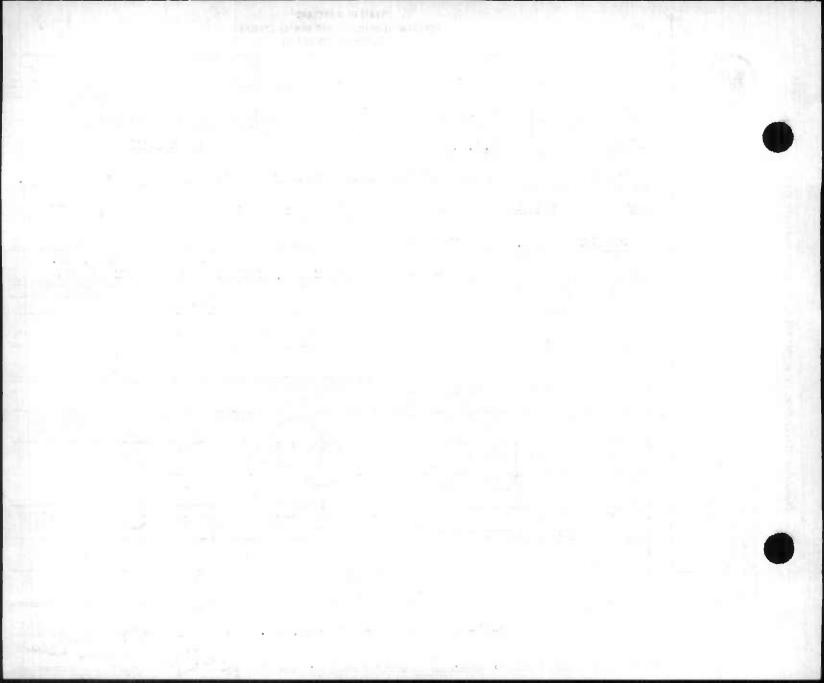
STATE

24 FUNERAL DIRECTOR HUBBARD FUNERAL HOME,

FOR

21229 ADDRESS 4107 WILKENS AVE

BY REGISTRAR 256 3



2
CI
0
Z
3
>
er.
3
-
OC .
ō
Σ
-
A
80
-
SI
Z
0
SI
OC
d
>
3
0
2
Ś
0
0
Ŭ
W.
_
4
1
11
OF
ž
ō
S
5
0

requires that the death certifi

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

physicion and completely popers. Pages 1 and 2 sh

2	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND	MENTAL HYG		2	4	1	2 0
		CEASED NAME	EIRST		MIDDLE	i.	AST		REG. 2a DATE OF DEATH		DAY	YEAR	26 HOUR
	(1498	E OR PRINT)	THER	TNE	E.	ጥነገ	ERNEY			09	27	81	7:00 B
	3. SE.		TILL	4 RACE		5. DATE C	OF BIRTH	YEAR	6 AGE (IN YEARS LAST		IF UNI	DERIYEAR	IF UNDER 24 HRS
	F	FEMALE		WHIT	`E	11	22		91 YR	MONTH	DAYS	HOURS MIN,	
ė _	Ja Bi	IRTHPLACE (STATE OF F	OREIGN		WHAT COUNTRY?	8	D NEVER	1889	9 BALTIMORE CITY OR COUNTY OF			EATH	
5		MARYLAND		U.S.	Α.	WIDOWE		VORCED [HOWARD	COUNT	Y		MD.
Fied	10 CITY OR TOWN OF DEATH			11. NAME OF	HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL OCCUPA	TION	12	KIND C	F BUSINESS OR
00	E	ELKRIDGE				EW LANE, 21227			HOMEMAK		3(11) 111		
30%	13a. S	AL RESIDENCE (IF NURSI	ING HOME OF	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JNTY 13¢ CITY OR TOWN				ITY LIMITS?	13e STREET ADDRESS				
100		MARYLAND	HOW	ARD	ELKRID	GE	YES 🗌	NO 🔀	5951 BON		IEW	LANE	, 21227
124	14. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME			LAS	J
(200		FREDERICK			ZIEGL			MMA					UER
medicol		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17. INFORMA			RESS EL			
B		NO			218-50-	6597J	BETTY	G. OWI	ENS 5951 B	ONNIE	VIE		
event, the		18 CAUSE OF DEATH PART I. DEATH W	H (Enter or	nly one couse per	//	d real	NA				-	BETWEEN	ONSET AND DEATH
				TE CAUSE (o)	/leule		-001					d	an .
motion		4292		DUE TO, O	R ASA CONSEQUE	NCEP						10	years
trou		Conditions, it any, gove rise to imm	nediote	(b)	1,50	VAJ						1)	0
other		couse (0), stoting the underlying couse lost		DUE TO, OR AS A CONSEQUENCE OF									
0.0		PART 2_OTHER SIGN	JIFIC AND T	(Ic)	ONTRIBUTING TO I	DE ATH BUT	NOT PELATER	TO THE TERM	INAL DISEASE OR CO	NOITION	CIN/ENLIN	DART 1	
injury, or other troumotic	NO	Osteo	out,	with	- ()	1000	50 1	nou	elutes	NADITION (317 [14 14	I PART III	,
	CERTIFICATION	190. DATE OF OPERAT	ION	196. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?				VGS USED
SMO	THE	1.1.7.411.0							YES NO	IN CEN	YES	CAUSES	OF DEATH?
800		218. ACCIDENT WAS UND	_	216. TIME O	FINJURY M. MONTH DA	21c HOW INJURY OCCURR			RED (ENTER NATURE OF IN	JURY IN ITEM	B PART I O	R PART 2)	
Ifem	CAL	(IF EITHER NOTIFY MEDIC		1111		19							
ŏ	MEDICAL	21d. INJURY OCCURR		21e. PLACE (OF INJURY	ARM, ETC)	211 LOCATION STREET	NC	CITY OR	TOWN	C	OUNTY	STATE
orke		AT WORK AT WOR	RK L							1			
E S		22a.1 certify that (1) sow the decease		tol) oftended the	e deceased from	16		_, 19_70		rent.	19		that (I) (we) lost
m 21		obove, (I) ((dd no	t) yiew the body	ofter deoth.	-	nd that in (my)	opinion o	deoth occurred on the	dote and h			
MPORTANT: If Hem 21 is morked or Hem 18 shows ony		22b. SIGNATURE	Ull	bus	_	M.	DEGREE /	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF		9 - 6	19-8
RIA		22d. PHYSIC IS N	ME-TITE C	M SMINT?			22e ADDRES	S					
NPO N		EWALDO H.	WEI	SS, M.D.			606	HAMMONI	DS LANE				
3	(BURIAL, CREMATION, I		236 DATE			EMETERY OR		23d LOCATION		cou	NTY	STATE
	F	BURIAL		09-30)-81 LO	JDON :	PARK NA	TIONAL	BALTIMO	RE CI	TY	M	ARYLAND

21229

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

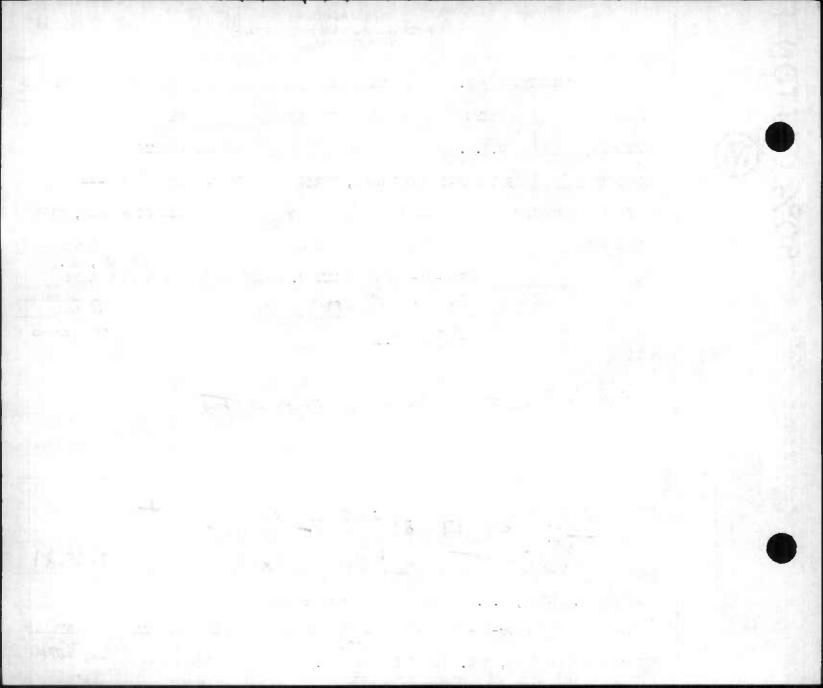
250. DATE REC'D. BY REGISTRARIZS & REGISTRARIS SIGNAPORATION SEP 3 0 1981 Commence San Parthen

CTATE OF MARKING

DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygene prior to burial, cri



within 24 hours ofter

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

2	4	1	2	1
dia	-	i	4-	1

RM	1 - STATE REGISTRAR	
	1. DECEASED NAME	

DEC. NO

-					KLO. IN	O.		
	CEASED NAME FIRS	5T /	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
[TTP]	JUD:	SON 1	NELSON	CODD	Send	12 10	381	20
3 SE	X	4 RACE	S. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER 1 YEAR	IF UNDER 24 HRS
1	NALE .	MHH	AUGUS		58	YRS	HS DAYS	HOURS MIN.
7a B	IRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNTRY? 8.	5 5	9 BALTIMORE CITY O		DEATH	
	EW YORK	U.S	MARRIE		_	_		
-	ITY OR TOWN OF DEATH		OSPITAL, NURSING HOME		HOWARD C	COUNTY		MD.
-	LUMBIA		H FACILITY, GIVE STREET ADDRESS)	DR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O		VDUSTRY	OF BUSINESS OR
CO	TOMBEN	5046 DI	URHAM ROAD WES	ST	RETIRED BUI	LDER	BUII	LDING
130.	AL RESIDENCE (IF NURSING HO STATE 136 (ARYLAND	ME OR OTHER INSTITUTION COUNTY HOWARD	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN COLUMBIA	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS 5046 DURH	IAM ROAD	WEST	
14. FA	ATHER'S NAME			15 MOTHER'S MAIDEN NA				
	JUDSON	NET.SON	TODD SR.	MILDRE	WIDDLE		JENKS	
16a V	WAS DECEASED EVER IN U.	11220011	16b SOCIAL SECURITY NO.	17 INFORMANT	ADDRE		DEMIKE	
((ES, GIVE WAR OR DATES)	085-12-5759	MILDRED D. I	ODD 5046 DU	JRHAM RD	. WES	ST
CERTIFICATION	Canditions, if any, whis gave rise to immedia cause to stating the underlying cause later PART 2 OTHER SIGNIFIC.	ch (b) (b) DUE TO, OI st (c) ANT CONDITIONS CO	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF DITRIBUTING TO DEATH BUT			DITION GIVEN IN	RE FINDIN	NGS USED
E	100011	331			YES NO	YES [CAUSES	NO
	2)a. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICAL EX.	OF DEATH HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI	RY IN ITEM TS PART 1	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET, FACTORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	IWN (COUNTY	STATE
	27b. SIGNATURE	(9/11	18/ 19	nd that in (my) opinion ATTENDING PHYSICIAN NZe ADDRESS	death occurred on the do	ate and havr and	from the	
	C. VERNON	WILLIAM	nson	2915 Rt.37	- WEST F	RIENDS	HID	mo.

23c NAME OF CEMETERY OR CREMATORY

MEADOWBIDGE

BP DHMH - 16 50M 1/81 (VRA 15, 4)

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 11 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner ings be patified.

236 DATE 9/15/81

230. BURIAL, CREMATION, REMOVAL

BURIAL

DORSEY MARYLAND REGISTRAR 251 95 GISTRAR'S SIGNATURE SEP 14

23d LOCATION

TRANSPORTED X

OFFICE AND PRODUCT OF THE PRODUCT OF

The A. R. Prince D. S. Const. D. Scott P. S. Sant P. S

THE STATE OF THE S

Poge 4 moy be certificate be OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

page 3

completely f and 2 sh

injury, or other troumatic event, the

should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending

IMPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

1.	- STATE REGISTRAR			CERTI	FICATE OF DEATH	REG. N	0.		7797
	ECEASED NAME FIRST	MIC	DDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	MARY	I	•	W	ILLEY	Sept		3,198-1	10:15AM
3. SI	EX	4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER 1 YEAR	
	FEMALE	WHI	TE	12	19 11	69	VDC	MONTHS DAYS	HOURS MIN,
201	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WI		8		9 BALTIMORE CITY C	YRS 1	Y OF DEATH	
1	RUMANIA	U.S.	۸		NEVER MARRIED	HOWARD CO			
10 0	ITY OR TOWN OF DEATH			G HOME	DIVORCED DIVORCED	120 USUAL OCCUPAT		12h KIND (OF BUSINESS OR
	FIVETDOR		FACILITY, GIVE STREET A		DDTIE	TYPE OF WORK FOR MOST O	F WORKING LIF	FE) INDUSTRY	
dist	ELKRIDGE JAL RESIDENCE (IF NURSING HOME OF		818 BELL		DRIVE	HOMEMAKI	IR.		
13a.	STATE 136. COUI	NTY 1	3c. CITY OR TOWN	4	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
		ARD	ELKRIDG	E	YES NO X	5818 BELI	ANCA	DRIVE,	21227
14. F	ATHER'S NAME FIRST	MIDDIE	LAST		15. MOTHER'S MAIDEN NA	ME		EA:	17
	UNKN	OWN			ANNA			NOI	
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 10	66. SOCIAL SECUP	RITY NO.	17 INFORMANT	ADDR	SS		
	NO (IF TES, GI	VE WAR OR DATES)	219-18-	2712	VICTOR C. FL	EEGLE 5818	BELT.	ANCA DE	TVE
	18 CAUSE OF DEATH (Enter or	nly ane cause per lir			A A	3010			IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY:			on el sonic	Cardenan		BEIWIEN	ONSET AND BEATH
	1/ 30 IMMEDIA	TE CAUSE (a)	-		on ore spine				70,00
	Condition	DUE TO, OR A	AS A CONSEQUE	NCE OF					
	Canditions, if any, which gove rise to immediate	(b)							
	cause (a), stating the underlying cause last	DUE TO, OR A	as a conseque	NCE OF					
		(10)							
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIV	EN IN PART 1	a
CERTIFICATION	19a DATE OF OPERATION	LIGHT CONTRIBUTE	ONLEGRADIEN	205017:0		Too war on such	In a series		
5	196 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH (SPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDI	NGS USED S OF DEATH?
- E						YES NO		s 🗍	NO 🗌
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	1100000 1 11	INJURY MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART II OR PART 2)	
S	(IF EITHER NOTIFY MEDICAL EXAMINER			19					
MEDICAL	21d INJURY OCCURRED	21e PLACE OF	INJURY T. FACTORY, OFFICE FA	Day 576 1	211 LOCATION	CHTY OR TO	WN	COUNTY	STATE
>	AT WORK NOT WHILE	(ATTIONE, STREET	, FACTORY, OFFICE PA	KM, EIC J	3/11621	(117 01170			37816
	22a.1 certify that (I) (this hospi	tal; attended the a	deceased from	Se	19 80	to Sept	.3	19 81	that (I) (last
1	sow the deceased alive an	- Jest	21-219	CL.o	nd that in (my) (o-opinion o	death accurred on the de	ate and hav	r and fram the	causes stated
	77% SIGNATURE	The book at	2 c.		DEGREE			22c DATE	
	Veller	1004	19/20	4	ATTENDING OF	MEDICAL STA	F C	Section	63 1001
	224 JUNSICIAN SINAME TITE	OK PHINTS		//	122e. ADDRESS	DIRECTOR PHYSIC	IAN	- The second	13, 1981
	1/ 1/=10	nd Me	Kuy A	10.	113991 6	Monie Rel	R.O.	15 mil	01920
73e	BURIAL, CREMATION, REMOVAL	23b. DATE	177 1	AME OF	EMETERY OR CREMATORY	234 LOCATION	100	o ma.	12001
234.	(SPECIFY)					CITY OR TOWN	7372	COUNTY	STATE
L.	BURIAL	09-05-8	81	CEDA	AR HILL	BROOKLYN	PK.	A.A.	MARYLAND

25a. DATE REC'D.

SEP

CEDAR HILL 21229

WILKENS AVE.

1981

HUBBARD FUNERAL HOME, INC.

4107

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

BP

